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Secretary of State  
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## Registered Agent List 2010 Amendment to Registration for Calendar Year 2010

**Important: Read the following instructions before completing form:**

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Please type or print legibly in black ink.
2. One registered agent physical address per form.
3. Remit with **\$50.00** fee.
4. Other than registered agent name, *complete only the information that is being changed.*

This form is used to change information currently registered pursuant to NRS 78.795 on the Registered Agent Listing for the calendar year stated above. *This form cannot be used to alter any corporate filing.* Forms to amend information on a corporate filing may be found on our website listed above. Please contact our customer service division with any questions.

|  |  |                       |                          |           |                          |              |                          |      |                          |                |                          |     |                          |                 |                          |                 |                          |              |                          |               |                          |
|--|--|-----------------------|--------------------------|-----------|--------------------------|--------------|--------------------------|------|--------------------------|----------------|--------------------------|-----|--------------------------|-----------------|--------------------------|-----------------|--------------------------|--------------|--------------------------|---------------|--------------------------|
| <b><u>Registered Agent Name:</u></b><br>Must state the full, legal name of the Registered Agent as listed in the Registered Agent List |  |                       |                          |           |                          |              |                          |      |                          |                |                          |     |                          |                 |                          |                 |                          |              |                          |               |                          |
| Please identify information being amended by checking appropriate box(es):   | <table><tr><td>Registered Agent Name</td><td><input type="checkbox"/></td><td>Toll Free</td><td><input type="checkbox"/></td></tr><tr><td>Contact Name</td><td><input type="checkbox"/></td><td>Cell</td><td><input type="checkbox"/></td></tr><tr><td>Street Address</td><td><input type="checkbox"/></td><td>Fax</td><td><input type="checkbox"/></td></tr><tr><td>Mailing Address</td><td><input type="checkbox"/></td><td>Website Address</td><td><input type="checkbox"/></td></tr><tr><td>Phone Number</td><td><input type="checkbox"/></td><td>Email Address</td><td><input type="checkbox"/></td></tr></table> | Registered Agent Name | <input type="checkbox"/> | Toll Free | <input type="checkbox"/> | Contact Name | <input type="checkbox"/> | Cell | <input type="checkbox"/> | Street Address | <input type="checkbox"/> | Fax | <input type="checkbox"/> | Mailing Address | <input type="checkbox"/> | Website Address | <input type="checkbox"/> | Phone Number | <input type="checkbox"/> | Email Address | <input type="checkbox"/> |
| Registered Agent Name  | <input type="checkbox"/>   | Toll Free             | <input type="checkbox"/> |           |                          |              |                          |      |                          |                |                          |     |                          |                 |                          |                 |                          |              |                          |               |                          |
| Contact Name   | <input type="checkbox"/>   | Cell                  | <input type="checkbox"/> |           |                          |              |                          |      |                          |                |                          |     |                          |                 |                          |                 |                          |              |                          |               |                          |
| Street Address   | <input type="checkbox"/>   | Fax                   | <input type="checkbox"/> |           |                          |              |                          |      |                          |                |                          |     |                          |                 |                          |                 |                          |              |                          |               |                          |
| Mailing Address  | <input type="checkbox"/>   | Website Address       | <input type="checkbox"/> |           |                          |              |                          |      |                          |                |                          |     |                          |                 |                          |                 |                          |              |                          |               |                          |
| Phone Number   | <input type="checkbox"/>   | Email Address         | <input type="checkbox"/> |           |                          |              |                          |      |                          |                |                          |     |                          |                 |                          |                 |                          |              |                          |               |                          |
| Specify information to be amended as it currently appears in the Registered Agent List:  |  |                       |                          |           |                          |              |                          |      |                          |                |                          |     |                          |                 |                          |                 |                          |              |                          |               |                          |
| Specify information as amended with this filing:   |  |                       |                          |           |                          |              |                          |      |                          |                |                          |     |                          |                 |                          |                 |                          |              |                          |               |                          |

***I declare, to the best of my knowledge under penalty of perjury, that the above-mentioned entity has complied with the provisions of NRS 360.780 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.***

Authorized Signature: **X**

**FORM WILL BE RETURNED IF NOT SIGNED**